

**INSTRUCTIONS FOR FILING PETITION FOR TESTING
ACCOMMODATIONS FOR THE MASSACHUSETTS BAR EXAMINATION**

JULY 2006

Applicants who require non-standard testing conditions (Testing Accommodations) must file the attached petition (forms A through D, pages 1-10) with the office of the Board of Bar Examiners as soon as possible before the examination but in any event no later than May 12, 2006. A typed or printed petition is requested. Your petition for testing accommodations **may be denied if it is not timely, signed, complete and typed or legibly printed.**

FILING: The following forms (pages 1-10) are to be completed, signed and submitted to the Board of Bar Examiners in one envelope: (Make copies of the forms and documents as they will not be returned to you)

FORM A: **Authorization and Release** (page 1). Complete, sign and date.

FORM B: **Petition for Testing Accommodations** (pages 2-4). Answer ALL questions, sign and date. The use of personal computers, typewriters and printers may be requested. All machines approved for use in connection with testing accommodations are to be provided by the applicant and are subject to inspection prior to the start of the exam.

FORM C: **Statement of Law School Official** (pages 5-6). The petitioner must have the law school complete the attached Statement of Law School Official specifying the accommodations made available (if any) to the petitioner during the administration of law school examinations, including the written reports which were the basis for the accommodations. Form C is required whether or not you were granted testing accommodations.

FORM D: **Professional Declaration** (pages 7-10). Must be completed by applicant's treatment professional(s) describing the type and extent of the handicap or disability, and specifying the effect of the disability or handicap on an otherwise qualified applicant's ability to be examined. **ILLEGIBLE OR INCOMPLETE PROFESSIONAL DECLARATIONS WILL NOT BE ACCEPTED.**

Professional declarations based on examination or tests more than 3 years prior to the application may be denied for that reason alone. Therefore, it is advisable to present professional declarations based upon more recent examination or tests. In addition, you may be required to submit to independent diagnostic testing at your expense by a doctor of the Board's choice. You will be advised if this will be required.

FILING DEADLINE: On or before **May 12, 2006.**

FILE WITH: **BOARD OF BAR EXAMINERS**
Suffolk County Courthouse
3 Pemberton Square
7th Floor – Room 707
Boston, MA 02108
Do not file testing accommodations petition with bar examination application.

NOTIFICATION: You will receive written notice of the disposition of your Petition 2-3 weeks prior to the exam.

PETITION FOR TESTING ACCOMMODATIONS

AUTHORIZATION AND RELEASE

JULY 2006

FORM A

I, _____, in connection with my Petition for Testing Accommodations
Type or Print Name

for the Massachusetts Bar Examination, authorize the Massachusetts Board of Bar Examiners to provide, at the Board's discretion, a copy of any and all documents which I submit in connection with this Petition to such persons and/or consultants as the Board may deem necessary to adequately evaluate my Petition.

I hereby release, discharge and exonerate the Board and/or its designee(s) and/or any persons to whom information may be provided pursuant to this Authorization and Release from any and all liability of every nature and kind arising out of the furnishing or receipt of such information made by or on behalf of the Board.

I understand that the full and correct completion (forms A, B, C & D) of this petition for testing accommodations is a prerequisite for the Board of Bar Examiners' consideration of my request for testing accommodations. I hereby certify that all of my answers are true and complete. I am aware that if any answers are willfully omitted or false, I may jeopardize my examination results, admission to the bar of the Commonwealth of Massachusetts, my subsequent good standing as a member of the bar, and that I may be subjected to such penalties as provided by law. I further certify that I have read the petition for testing accommodations and the facts stated therein are true and complete to the best of my knowledge.

(Signature)

(Date)

Forms A through D must be returned on or before May 12, 2006 to:

BOARD OF BAR EXAMINERS
SUFFOLK COUNTY COURTHOUSE
3 PEMBERTON SQUARE
7TH FLOOR – ROOM 707
BOSTON, MA 02108

DO NOT FILE WITH BAR EXAMINATION APPLICATION

JULY 2006

(name)

(street)

(city, state, & zip code)

telephone #

(home)

(work)

- A. Are you:

☐ hard of hearing?

☐ visually impaired?

- [] physical disability?

Please explain _____

Please explain _____

Please explain _____

C. How long have you had your disability?

☐ 5 years or more

☐ 4 years

[] 2 years

[] 1 year

FORM B (PAGE 2 OF 3)

2. Past accommodations made for your disability

A. In high school:

Were you in a special school or program? yes ☐ no ☐

Did you get testing accommodations for classroom examinations? yes ☐ no ☐

If yes, what were the accommodations? _____

Did you generally get extra time for classroom examinations? yes ☐ no ☐

If yes, how much extra time? _____

B. Did you have testing accommodations for taking the SAT or ACT examinations for admission to college? yes ☐ no ☐

If yes, what were the accommodations _____

C. In college:

Did you use disabled student services? yes ☐ no ☐

Did you get testing accommodations for examinations? yes ☐ no ☐

If yes, what were the accommodations? _____

Did you generally get extra time for examinations? yes ☐ no ☐

If yes, how much extra time? _____

D. Did you have testing accommodations for LSAT? yes ☐ no ☐

If yes, what accommodations? (Check all that apply)

Formats:

☐ Braille

☐ Tape

☐ Large Type

Help:

☐ Reader

☐ Recorder

☐ Extra Time

☐ Sign language interpreter

☐ Other (Please explain) _____

E. In law school:

Did you use disabled student services? yes ☐ no ☐

Did you receive testing accommodations for examinations? yes ☐ no ☐

If yes, what were the accommodations? _____

You must include documentation of any accommodations you received in law school (Form C attached).

FORM B (PAGE 3 OF 3)

3. Accommodations requested from the Massachusetts Board of Bar Examiners (Check all that apply):

Formats:

☐ Regular ☐ Braille ☐ Tape ☐ Large Type

Help:

☐ Reader ☐ Writer ☐ Extra Breaks

☐ Sign language interpreter

☐ Extra time (how much) _____

☐ Other _____

4. Are you taking the Multistate Bar Examination (MBE) in Massachusetts? Yes ☐ No ☐

If no, where will you take the MBE? _____

Jurisdiction

5. Have you requested seating in Springfield? Yes ☐ No ☐

I am aware that it is my responsibility to:

- File a **COMPLETE** Petition and I understand that it will be returned to me if found to be incomplete, untimely or otherwise not filed in compliance with the Board's instruction.
- Bring my own **typewriter, computer, printer, extension-cord** and **paper** if I request to use a computer to type the essay answers.

I agree to submit to independent diagnostic testing **AT MY EXPENSE** by a doctor of the Board's choice, if the Board requests such testing. I have attached all original, supporting documents to this Petition.

I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

Executed on _____ at _____
(Date) (City and State)

(Signature of Petitioner)

Forms A through D must be returned on or before May 12, 2006 to:

BOARD OF BAR EXAMINERS
SUFFOLK COUNTY COURTHOUSE
3 PEMBERTON SQUARE
7TH FLOOR – ROOM 707
BOSTON, MA 02108

DO NOT FILE WITH BAR EXAMINATION APPLICATION

***STATEMENT OF LAW SCHOOL OFFICIAL**
(Please Type or Print Legibly or Form May be Returned to You)

FORM C

Since it is the responsibility of the Board of Bar Examiners to make an independent judgment whether testing accommodations will be granted, it is important that you comply fully with the requests for reports and attachments referred to below.

IN REGARD TO THE PETITION OF: _____ for
(Petitioner)
non-standard testing accommodations for the Massachusetts Bar Examination,

I, _____, declare under penalty of perjury that my position at
(Law School Official)

(Name of Law School)

is _____
(Title - Dean/Assistant Dean/etc.)

As such it is my responsibility to authorize any non-standard testing accommodations requested by students for the specific purpose of enabling them to take their law school examinations.

The Petitioner was given authorization to receive the following non-standard testing accommodations during the administration of examinations at this law school (Please be specific: essay, multiple choice, open book, other examination, regular time, extra time and/or other aids, etc.):

The authorization to receive non-standard testing accommodations was based upon the written report(s) of _____. A copy of the report(s), and all of the attachments, is attached to this statement.

FORM C (PAGE 2 OF 2)

The qualifications of _____ to submit the report(s) were established as follows:

If the authorization was not based upon written reports, copies of which are attached, it was based upon the following: (A detailed explanation of the basis on which the authorization was made must be set forth.)

If non-standard testing accommodations were denied, the basis of the denial was the following:

Executed on _____ at _____
(Date) (City and State)

By _____
(Signature) (Title – Dean/ Assistant Dean, etc.)

(Type or Print Name and Title)

State Registration # if applicable

Telephone Number

***THIS STATEMENT MUST BE EXECUTED BY YOUR LAW SCHOOL WHETHER OR NOT YOU WERE GRANTED OR REQUESTED TESTING ACCOMMODATIONS FROM YOUR LAW SCHOOL.**

SUBMIT TO THE BOARD OF BAR EXAMINERS. DO NOT FILE WITH BAR APPLICATION.

PROFESSIONAL DECLARATION
(Please Type or Print Legibly or Form May Be Returned to You)

FORM D

PLEASE NOTE: Illegible or incomplete declaration(s) will not be accepted. It is the responsibility of the Board of Bar Examiners to make an independent judgment whether non-standard testing accommodations will be granted for the taking of the bar examination. Unsubstantiated conclusions of diagnosticians are insufficient and not binding on the Board. The full basis, including test scores and reports, for all diagnoses and recommendations for testing accommodations must be included for consideration by the Board and its consultants.

(Additional sheets may be attached, if necessary, to fully respond to any questions. Incomplete answers may result in the rejection of this declaration.)

Patient ' s name and address: _____

1. My name, profession, office address and telephone number are as follows: _____

I acknowledge that this Declaration will be received by the Massachusetts Board of Bar Examiners for the purpose of determining any non-standard testing accommodations to be granted to the patient for the taking of the bar examination, which is a timed examination consisting of one day of multiple choice questions and one day of fact statements for essay answers. I also acknowledge that the Board may submit this Declaration for professional evaluation.

2. My relevant education, certifications, licenses, and professional history are as follows:

3. A full explanation of my qualifications to submit this Professional Declaration is as follows:

FORM D (PAGE 2 OF 4)

4. _____ was my patient from _____ to _____ and
Patient Name
_____ become my patient, in part, for the purpose of procuring a report to be submitted
did / did not
to obtain non-standard testing accommodations for school attendance or for the taking of an examination.

5. A full description of the patient's illness or condition is as follows:

6. I last examined the patient on _____

7. The date of onset of the patient's illness or condition was _____

8. The patient's illness or condition is permanent/temporary (circle one). If temporary, the disability will terminate _____.

9. Test(s) administered and dates thereof:

10. Copies of the test results and reports concerning the tests are attached hereto.

11. If such copies are not attached, the reason for their absence is:

12. If copies of the test results are not attached, my statement of the objective results of the tests is as follows:

FORM D (PAGE 3 OF 4)

13. My treatment of the patient consists of:

14. As a result of my examination, tests and treatment of the patient I have made the following findings and conclusions:

Subjective complaints: _____

Objective findings: _____

The specific and detailed nature and extent of the disability: _____

The detailed effect (if any) of the disability on the patient's ability to read and/or write and/or concentrate for prolonged periods of time is as follows: _____

My diagnosis for the patient's conditions or illness creating a disability is as follows:

FORM D (PAGE 4 OF 4)

15. A full explanation of the basis for my diagnosis is as follows:

16. A full description of any testing accommodations which are required as a result of the patient's disability is as follows:

17. A full description of the basis for the required testing accommodations is as follows:

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Executed on _____ at _____
(Date) (City and State)

By _____
(Signature)

Type or Print Name (State License Number)

FORMS MAY BE PHOTOCOPIED IF NEEDED BY MORE THAN ONE TREATMENT PROFESSIONAL.